

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	5297/187
Application Number	10/696,910
Filing Date	October 29, 2003
First Named Inventor	Brian H. SILVER
Group Art Unit	3727
Examiner	Sue A. Weaver

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment / (Response to Restriction/Election Req.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

					Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus	(20)	0	x \$25=	0		x \$50=	
Indep.		Minus	(3)	0	x \$100=	0		x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=	---		+\$360=	
					total add'l fee	\$ 0		total add'l fee	\$ 0

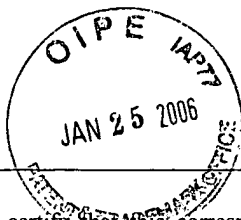
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Attorney for Applicant(s) Steven B. Courtright, Reg. No. 40,966 Agent for Applicant BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature			Date: January 20, 2006

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JAN 30 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: January 20, 2006		
Signature	 Michael H. Baniak/Steven B. Courtright	Date: January 20, 2006



Certificate of Mailing

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Signature

Date of Signature

1/20/06

Steven B. Courtright

Typed or Printed Name of Person Signing Certificate

PATENT
Case No. 5297/187

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/696,910
Applicant(s) : Brian H. SILVER

Filed : October 29, 2003
TC/A.U. : 3727
Examiner : Sue A. Weaver
Docket No. : 5297/187
Title : ARTIFICIAL NIPPLE

Confirmation No. 9259

RESPONSE TO NOTICE OF RESTRICTION/ELECTION REQUIREMENT

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

This is responsive to the Examiner's Office Action of December 21, 2005 in which an election requirement was required. Applicant hereby elects Group I, drawn to a nipple.

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